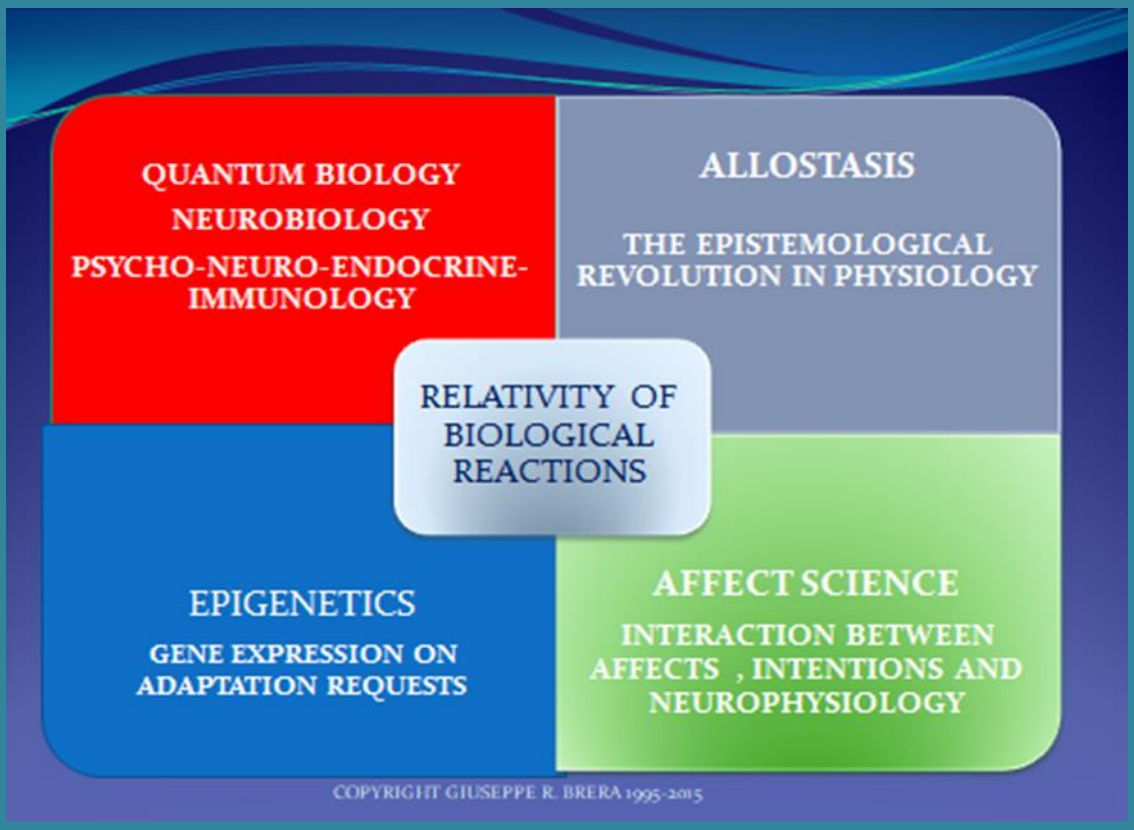
Giuseppe R.Brera
Editor



THE PARADIGM CHANGE IN MEDICINE
THE EPISTEMOLOGICAL AND SCIENTIFIC BASIS OF PERSON-CENTERED MEDICINE

June 21-22, 2023

PERSON-CENTERED MEDICINE
THE MEDICINE AND HEALTH PARADIGM CHANGE IN MEDICAL SCIENCE AND MEDICAL EDUCATION

Università Ambrosiana

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Proceedings

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In misericordia et veritate persona est [1]

"The fundamental meaning of the man's domination on the sensible world, consists of the ethics priority on technology, the person's supremacy on things, the soul superiority on the matter." [2]

"Faith and reason are like two wings on which the human spirit rises to the contemplation of truth; and God has placed in the human heart a desire to know the truth—in a word, to know himself—so that, by knowing and loving God, men and women may also come to the fullness of truth about themselves"

s (cf. Ex 33:18; Ps 27:8-9; 63:2-3; Jn 14:8; 1 Jn 3:2).

St.Joan Paul II°

[1] The University Ambrosiana's "motto"

[2] Jean Paul II°- Une pensée par jour. Textes recueilles par le Père Patrice Mathieu osb,Paris Media Paul,2000

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Scuola Medica di Milano

Person–Centered Medicine International Academy

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SCIENTIFIC COMMITTEE[3]

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Peter Sterling

Lee Sun Wong

Jean George Maestroni

Paolo Lissoni

Pier Mario Biava

Stefano Ciaurello

Vincenzo DI Nicola

Philippe Ney

Richard Fiordo

George Christodoulou

Moshe Szyf

Roy Kallivayalil

Claudio Violato

[3] In order of speech

Introduction

These conferences are aimed to underscore the urgent need for overcoming the current wrong and obsolete deterministic-mechanistic-biological or psychological of the Medicine paradigm based on the linear causality toward the assumption in Medical Education, Clinics, Public Health of the right indeterministic interactionist-teleological person-centered paradigm of human nature, Medicine, medical science, and health.[4]

Although for 50 years there has been a revolution in medicine similar to that of physics at the beginning of the last century, today medicine is still dominated by a mechanist and bio-technological paradigm, with serious consequences in medical education and clinical application. The clinical method is disappearing and there is the trueThere is a serious threat of the replacement of the physician as a person with artificial intelligence, which can however only be a useful tool in some field of medicine, not for example in psychiatry or medical psychology. Biotechnologies and artificial intelligence are just tools that cannot replace the empathic and meaningful doctor-patient relationship.

We have to remember Socrates who first substituted the knowledge object "what" with "who" as subject of his own health, the principal revolution of the Person-Centered Medicine, Prevention and clinical method paradigm.[5] This Greek philosophy-induced epistemological revolution, based on the birth of the human nature concept, was completed by the ethical-epistemological person-centered institution of the "Taking care of ", Christian root of the hospitals' foundation and the nursing, fundamental for the birth of clinical medicine, and complementary to the Greek

[4] Brera G.R A Revolution for Clinical Method and Bio-Medical Research.The determinate and the quality indeterminate Relativity of Biological Reactions.Milano,1996; Università Ambrosiana.

[5] Brera G.R. The manifesto of Person Centered Medicine. Medicine, Mind Adolescence ,1999; Vol. XIV, n. 1-2, available on Internet : www.unambro.it

concept of "Therapy", based on the natural laws knowledge, (Democedes-Croton-Italy 600 AC (Magna Grecia)-Hippocrates 300 AC). The Hippocrates' interactionist epistemology was the official birth of Medicine as medical science completed by the positivistic birth of the experimental medicine (Claude Bernard). But until Person-Centered Medicine a full paradigm unifying science, clinic, and medical education did not exist. To date Medicine cannot separate truth, love, freedom, responsibility, quality of existential choices inducing life style, from health and clinical method in the doctor-patient relationship, because of the human nature interdependence on the multidimensional interaction of variables belonging to subjectivity, biology, the relationship's possibility and quality of the interaction with the interpersonal and physical environment.[6] [7] [8] The result is the perception quality of the transcendent human dignity naturally addressed to search for being a human person (natural teleonomy) or non-perception of it, if the patient is only seen as fragmented object of knowledge and/or technique with the loss of the Medicine and health objective meaning. This fact introduces the problem of physicians' quality for being a human person also for admission to the MD degree in a time when empathy and cognitive abilities are reduced by the smartphone use pandemic and the words " morality" , "psychoanalysis", " affective maturity", "introspection", "soul" , "God", are out of fashion and politically " uncorrect", because they call for freedom and responsibility, forgetting the person-centered basis of Western culture.

"Well then, could we ever know what an art makes the man himself better, if we were ignorant of what we are ourselves ? " (Socrates).

Giuseppe R.Brera

Rector of Ambrosiana University

Director of the Milan School of Medicine and Person-Centered Medicine Academy

President of the World Health Committee

[6] Giuseppe R.Brera Person-Centered Medicine and Medical Education in the third century. IEPI,Pisa-Rome, 2001 ISBN 88-81-47-245-7 (Italian)

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THE EPISTEMOLOGICAL AND SCIENTIFIC BASIS OF PERSON-CENTERED MEDICINE

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PROGRAM[9]

[9] The program may be subject to changes

INTRODUCTORY GREETINGS

h. 15 **SEM Card. Peter A. K. Turkson**

Chancellor of the Pontifical Academy of Science

State of Vatican

Hour (Rome-Italy)	Subjects and chairs	Speaker
15,20-15.50 Introductory Lecture	The interactionist and teleonomic epistemological revolution of Medicine, Medical Science and Health The Person-Centered Medicine paradigm	Giuseppe R.Brera Università Ambrosiana Milan School of Medicine World Health Committee Person-Centered Medicine International Academy
15,50-16,00	Question time	
16.00-16.30	The bio-psychosocial interaction and the	Robert Cloninger Washington University

Key Note Lecture	**neuromodulation of personality**	**of St.Louis (EM), Ambrosiana University World Health Committee**
16,30-16,40	**Question time**	
16,40-17,10 Key Note Lecture	**Allostasis theory and the paradigm shift in physiology**	**Lee Sung Won University of Arizona**
17,10-17,20	**Question time**	
17,20-17,30	**Break**	
17,30-18,35	**Chair George Christodoulou**	**World Federation of Mental Health Athens and Ambrosiana University World Health Committee**
17,30-18,00 Key Note Lecture	**Physiopathology of a supersystem: evidence of the interaction between the brain and the immune system**	**Jean Georges Maestroni Ambrosiana University**
18,00-18,10	**Question time**	
18,10-18,25		

	Cell regeneration without stem cell transplantation and integrated medicine: managing subjectivity as a new and therapeutic opportunity	**Stefano Ciaurelli** **Biava Research Group** **On** **Cell reprogramming**
18,25-18,35	**Question time**	
	22 June 2023	
15,00-16,40	**Chair** **Vincenzo Di Nicola**	**World Association of Social Psychiatry (President)** **University of Montreal** **George Washington University** **Ambrosiana University**
15,00-15,30 **Key Note Lecture**	**Social Psychiatry and Person-Centered Medicine**	**Vincenzo Di Nicola**
15,30-15.40	**Question Time**	

15,40-16,40	**Workshop** **Person-centered health, social psychiatry, and the adolescent in the lockdown time**	**Giuseppe R.Brera, George Christodoulou, Philippe Ney,Richard Fiordo, Lee Sun Wong, Roy Kallivayalil**
16,40-17,00	**Break**	
17,00-18,30	**Chair** **Giuseppe R.Brera**	**Ambrosiana University** **Milan School of Medicine** **World Health Committee**
17.00-17,30 **Key Note Lecture**	**Person-Centered Medicine requires accurate accurate empathyzing with the person**	**Philipe Ney** **Ambrosiana University**
17,30-17,40	**Question time**	
17,40-18,20 **Key note lecture**	**The hidden epistemological and ethical paradigms in health communication**	**Richard Fiordo** **North Dakota University(Em)** **Ambrosiana University**
17,20-17,30	**Question time**	
18,30-19,20	**Workshop Panel** **The person-centered**	**Giuseppe R.Brera,Robert Cloninger, Vincenzo Di Nicola,Roy Kallivayalil,**

Chair **George Christodoulou** **World Federation of Mental Health** **World Health Committee** **Athens and Ambrosiana University**	**health concept, physicians' ,moral values, and mental health** **5' of contributions**	**Philippe Ney,Richard Fiordo,Claudio Violato**

Giuseppe R.Brera

MD, MA, MA LD

The interactionist and teleonomic epistemological revolution of Medicine, Medical Science and Health :the Person-Centered Medicine paradigm

Every science has an identity defined by an epistemology that is included in a general epistemology as a relationship between the meaning of science, logos, the object of knowledge, and method. Medicine is born from the limits imposed by human nature, illness and death, and human nature is an individual person, in a history, culture and human relationships from birth to death. Human nature relating natural laws of body and mind, the mystery of revealing its meaning, as a teleonomic question of meaning, and the question of interpreting significant of both laws and uforgettable possibilities of experience, defines being a person. Today medicine is dominated by a mechanistic paradigm. S-A, which has been overtaken by an indeterminist

epistemology that appears in the definition of human nature S-P-A. (stimuli-person's interpretation-answer). The progress of the biological sciences, with the birth of Epigenetics, Allostasis, PNEI, Affect science, Neurobiology, Quantum biology, resumed by the Relativity Theory of Biological Reactions (RBR theory) that introduced the relation between biological constants, possibility and quality of experience, changed the epistemological structure of human nature. This epistemological revolution presented at the end of the last century allowed to develop the constitution and application in clinics and medical education of the first full indeterministic paradigm of Medical Science :"Person Centered Medicine" (PCM) , after the embryonic Hippocratic and the Claude Bernard's experimental Medicine, and the recent EBM (Evidence based Medicine). The last two separated the person from the person's human nature and have been the essence of the bio-technological reductionism. The Person-Centered Medicine paradigm can be defined as "teleonomic interactionism" modifying the concept of health. Health today appears as an interaction between subjective, biological and environmental variables and is definable as a "choice of the best possibilities to be the best human person" thus relative to the person's quality interpretation of experience possibilities. Medicine today has an epistemology centered on the interpretation of the person being, its modern logos of caring and healing the sick person, and the human relationship doctor-patient irreplaceable by artificial intelligence because cannot interpret the patient's subjectivity, which is a necessary condition for the existence of medicine, as clinic. The doctor-patient relationship is a process of symbolization of an affective nature (ethos-pathos) and cognitive (quest for a meaning according to the truth-the logos). The patient's pathos is the death anguish and the unconscious splitting determined by disease, asking for a savior. The medical ethos is the anxiety of health care and healing, and the logos is the search for the meaning of pathology and the meaning of the disease for the person. In the clinical relationship inseparable significants of a non empirical nature expressed by the subjectivity of the patient and of an empirical nature (the clinical picture, biological functions, images) ask for interpretation by the doctor and reveal the pathological allostasis of the person . The patient's logos and the doctor's logos meet in the search for a meaning of pathology in subjective existence, thus revealing the same disease as a hidden possibility to be a human person in the teleonomic dimension of truth, love, and beauty. Medicine can therefore be defined as a *maieutic anthrophology for being human person,* both for the doctor and for the patient, united in the great mystery of existence that asks for light. Illness thus appears as a glimmer of light of freedom and human dignity.

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Robert Cloninger

MD ,PHD , LD MA (H)

Health promotion is more effective when person-centered, not organ- or disease-centered because physical, mental, social, and spiritual functioning are inextricably intertwined. Common common diseases, such as cardiovascular diseases, chronic lung diseases (asthma, emphysema), cancer, and diabetes are strongly associated with immature personality, emotional instability, and social dysfunction. All indicators of physical, mental, and social well-being are strongly related to one another and to the maturity and integration of personality. Accordingly the integration of a person's emotions, goals, and values is crucial for health promotion and the prevention and treatment of chronic diseases. Health and well-being depend on increasing levels of the character traits of Self-directedness, Cooperativeness, and Self-transcendence that allow adaptive responses that are not biased by irrational emotional reactions. Nearly all the genes for human personality are now identified. They are organized in interactive functional clusters, not as independently acting genes as falsely assumed in early research. These interactive clusters are further organized in complex adaptive systems with prominent gene-gene and gene-environmental interactions. In humans, there are three complex systems of learning and memory: associative conditioning, intentionality, and self-awareness. These systems of learning interact with one another to allow a healthy self-aware person to self-regulate their emotions, goals, and values in order to achieve health, happiness, and meaning in their life and community. Effective therapeutic approaches activate a complex adaptive system of interactions among plasticity, virtue, and healthy functioning. Person-centered interventions that enhance self-regulation of functioning to achieve personally valued goals improve compliance with medical treatment and quality of life in people with chronic disease.

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Sung W. Lee MD

MSc,MPhil

Allostasis and the Paradigm Shift in Physiology

Allostasis, or "stability through change," is a robust scientific foundation for person-centered medicine. I will first review the origins of the allostasis paradigm as a way to explain racial disparity in hypertension that could not be attributed to molecular causes.[10,11] I will then discuss it as a paradigm *of*, *by*, and *for* the human brain that can replace the paradigm of homeostasis, or "stability through constancy." Allostasis is a paradigm *of* the brain, in that the brain continuously changes the activity or set points of all organ systems, depending on how it anticipates the needs of living beings that evolve through changing contexts. It is a paradigm *by* the brain, in that the brain mediates consciousness as an elemental feature of the universe that can influence health and disease. It is a paradigm *for* the brain, in that when consciousness attends to the anticipatory role of the brain and its holistic integration of complex influences, we may create virtuous cycles of brain-environment interactions. By contrast, the homeostasis paradigm generates models and data that depend on the controlled conditions of the laboratory, and its primary aim is to understand molecular factors so as to find ways to exploit them. While the homeostasis paradigm may be helpful for treating acute conditions and some molecular diseases, over-reliance on it can lead to apathy with respect to the criticality of our psychology and our social, built, and natural surroundings. For the growth and expansion of person-centered medicine, the paradigm of allostasis is facilitatory, helping to explain findings that molecular factors alone can not; to generate new hypotheses; and to encourage health strategies that respect the insights of homeostatic science, yet place them within the context of environmental and neural complexity. Finally and to further extend allostasis as a critical paradigm of anticipatory physiology for person-centered well-being, I discuss *allostatic neuro-education* as a new approach to human development and learning.[12]

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Georges Jean Marie Maestroni[13]

PHD, MA LD (H)

PHYSIOPATHOLOGY OF A SUPERSYSTEM: EVIDENCE OF THE INTERACTION BETWEEN THE BRAIN AND THE IMMUNE SYSTEM

The two major adaptive systems of the body, the brain and the immune system, operates by a continuous cross-talk to maintain homeostasis. The autonomic nervous system (ANS) links the brain and the immune system either via a direct neural influence, or neuroendocrine mechanisms mainly as the hypothalamic-pituitary -adrenal axis and the pineal gland. Glucocorticoids that are the end product of the hypothalamic-pituitary -adrenal axis provide one of the best and widely known examples of the powerful influence of the ANS on immunity. Non-recent evidence indicates, however, that a major component of the ANS, the sympathetic nervous system (SNS) also plays an important role in the fine tuning of the immune response. The sympathetic (noradrenergic) system which innervates all parts of the body, constitutes the largest and most versatile component of the ANS. The sympathetic neurotransmitter norepinephrine (NE) has been historically associated with the "fight or flight" response and also contribute to the regulation of autonomic activity such as cardiovascular function. In addition, the SNS may regulate immunity by acting on various phases of the immune response. Of special interest, seems the NE effect on dendritic cells (DCs) functions that play a major role in the innate phase of the response. In particular, NE may regulate DCs migration and antigen-presenting ability by acting on alpha- and beta-adrenoceptors. The effect of NE seems to be aimed at shaping the immune response which is more appropriate to clear the invading pathogen. Alterations in SNS activity and/or adrenoceptors expression and function might thus play a pathogenetic role in a variety of diseases. Non-recently, we also found that the role of the skin adrenergic system seems to be functional in limiting the Th1 response to pathogens that are recognized by Toll-like receptors expressed in epidermal keratinocytes. This mechanism might have evolved to shape the appropriate immune response to gram-positive bacteria or viruses that may hit the skin more frequently. Disorders of the adrenergic regulation of the skin immune response may thus results in excessive Th1 priming and have pathological consequences. Excessive Th1-priming has been associated to an augmented risk for organ-specific autoimmune diseases. Current pathogenesis concepts consider, in fact, skin disorders such as psoriasis vulgaris as a T cell mediated autoimmune disease. A better understanding, of the SNS–immune system connection may thus provide novel therapeutic approaches in a variety of diseases.

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Piermario Biava MD MA MA lD (H)

Stefano Ciaurelli MD

Cell regeneration without stem cell transplantation and integrated medicine: managing subjectivity as a new therapeutic opportunity

Studies conducted on Zebrafish embryos in our laboratory have allowed for the identification of precise moments of organogenesis in which a lot of genes are switched on and off, a sign that the genome is undergoing substantial changes in gene expression. Stem cell growth and differentiation stage-factors present in different moments of organogenesis have proven to have different specific functions in gene regulation. The substances present in the first stages of cell differentiation in Zebrafish embryos have demonstrated an ability to counteract the senescence of stem cells, reducing the expression of the beta-galactosidase marker, enhancing the genes *Oct-4*, *Sox-2*, *c-Myc*, *TERT*, and the transcription of Bmi-1, which act as key telomerase-independent repressors of cell aging. The molecules present in the intermediate to late stages of cell differentiation have proven to be able to reprogram pathological human cells, such as cancer cells and those of the basal layer of the epidermis in psoriasis, which present a higher multiplication rate than normal cells. The factors present in all the stages of cell differentiation are able to counteract neurodegeneration, and to regenerate tissues. Therefore, using the information that life uses to generate tissues we can directly act on them to regenerate them when altered. Despite the perfection of this code that life has evolved over millions of years, we observe that the answer remains partial with respect to cases that demonstrate the coexistence of emotional trauma or altered emotional environments. This highlights subjectivity as an important part of therapeutic success. In the new scientific paradigm, these studies represent the opportunity to affirm the concept of information applied to biological systems. Information as a set of molecules which, overall, inform and determine a physiological response, but also information as an electromagnetic field which communicates to our cells through cellular reception systems. In this new key, emotions and relationships represent a source of information that can condition cellular mechanisms, giving a new reading to the concept of disease and therapy. By placing man at the center of the observation point, the individual is considered in his uniqueness, within his system and in relation to the other surrounding systems, like an open thermodynamic circuit. Today it is necessary to integrate these data with the most current scientific discoveries on tissue regeneration without stem cell transplantation and to exploit the information of living systems to aspire to a new therapeutic action.

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22 June,2023

Vincenzo Di Nicola

MPhil, MD, PhD, FRCPC, DLFAPA, DFCPA, FCAHS

MA LD (H)

Social psychiatry and Person-Centered Medicine: integrating social determinants of health (sdh) and adverse childhood experiences (ace) with clinical practice

Prof. Di Nicola's *Honoris causa docendi eloquentia* (inaugural honorary speech) for the *Licentia Docendi ad Honorem (LD)* (the Honorary Chair) *Magister ad Honorem (MA Sc)* (Honorary Professor) in June 2021 was entitled, "The Place of the Person in Social Psychiatry: A Synthesis of Person-centered Medicine with Social Psychiatry in the Time of the New Coronavirus Syndemic," addressed three themes: (1) the place of the *person* in social psychiatry linking it with the person-centered paradigm for medicine, health, and social care; (2) the struggle for a person-centered vision of health and social care; and (3) the challenges of the coronavirus *syndemic* or combination of biological and social epidemics, for both medicine and society. Prof. Di Nicola concluded with a call for a *synthesis* of social psychiatry with person-centered medicine, balancing evidence-based medicine with values-based practice (Fulford, 2008), by embracing the emerging epistemology of the Global South (Di Nicola, 2020) and an eco-social perspective. This presentation elaborates three more areas to promote the integration of Social Psychiatry (Di Nicola, 2019) with Person-centered Medicine: (1) how to *integrate* Social Psychiatry's *epidemiological data base* – the Social Determinants of Health (SDH)(CSDH, 2008) and the Adverse Childhood Events (ACE) Study (Fellitti, et al., 2010) – with clinical psychiatry; (2) how to *reconcile* the *collectivist* approach of Social Psychiatry (Di Nicola, 2021) and epidemiology with the *individual* perspective of Person-centered Medicine and clinical practice using the insights of social science (e.g., the distributed self, Gergen, 2001) and neuroscience (e.g., mirror neurons, Gallese, 2008); (3) presentation of social and clinical vignettes from the COVID-19 *syndemic* about isolation and loneliness (Di Nicola & Daly, 2020; Di Nicola, 2021; Jeste, et al., 2020) and another social plague of Intimate Partner Violence (IPV)(Oram, et al., 2022) - and the antidote: *belonging*, which is to Social Psychiatry what attachment is to Child Psychiatry (Di Nicola, 2023).

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Philipe Ney

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Person-Centered Medicine requires accurate accurate empathyzing with the person

Although no one knows when the practice of medicine began, ethical medicine with the growing influence of science is recent. We were proud to be part of this. But now many of us feel more shame than satisfaction and joy. The slide was subtle but not imperceptible to honorable practitioners and teachers as Prof. So we coconspirators are encouraged by his initiative and persistent hope.

Since I have practiced, researched and taught ethical medicine for over 60 years, I also saw this dehumanizing trend and protested from a pragmatic basis. While a growing coterie seemed to welcome "good science" and the efficient use of limited resources and the generous financial support of research and more time off for "staff" and fewer apparent side effects from long term use to me at the failure end of this treatment chain, it was obvious that it wasn't more effective or efficient or not satisfying to practitioners. What appeared to be better was not in any way. This is my observation and analysis.

The patient's subjective sense of being understood was rapidly declining. It was replaced by a grudging acknowledgement that physicians had all tried their best and could now go home to a well-earned rest or game of golf. When I did a survey of highly ethical medical staff, I found a relatively high level of regrets and persistent self-recrimination. What was going so wrong?

Humans of all types, races and ages are extremely complex and sensitive to ailments. Usually, they could not explain the site or cause or progression, but they longed to find someone who could. "Even if my doctor doesn't know the symptoms, cause or cure, if only he/she tried harder to understand what it is like to walk in my painful shoes. It isn't just the pain and disability; it is the loneliness that squashes my hope. I also know that when I feel hopeless, my symptoms become more urgent, my hopes collapse, and my self-care is badly neglected.

Thus, what appears to be better, more efficient modern treatment, turns out to be longer and less effective. Patients obviously need accurate empathy but where can you buy this. What does it cost? Why doesn't it happen naturally like it used to?

I believe there are logically determined reasons and effective ways of relearning accurate empathy. But it takes courage and time. Please join me in this following this rambling hypothesis. NO? What is the matter with smart and courageous young doctors these days? They just don't properly appreciate their higher pay, better tools, prettier staff, do they?

"Now in the old days when I first went into practice, we all worked harder and had more success and fun. They are spoiled simple, yes? Let's cut back on their pay, give them more difficult patients and watch how they smarten up. Right old friend and colleague? Yes, there is a way to practice Person-Centered Medicine. The way will require rehumanizing yourself in every way, including spiritual considerations.

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Riccardo Fiordo

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The hidden epistemological and ethical paradigms in health communication

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In this study, we report on a selection of current events from the US mass media drama unfolding in 2023 of cultural, political, and medical antinomies, issues, conflicts, contradictions, and controversies that range from the sacred to the profane. The study places medical antinomies in the broader context of cultural and political antinomies. We strive to remain as neutral as possible in covering contrasts and comparisons between popular press and online media health claims: for example, from Wikipedia.com, google.com, CNN, Newsmax, etc. on topics that are oftentimes portrayed on the media as crimes against public health. The reader must decide on the validity, reliability, and practicality of what the media are delivering, for the researcher remains neutral on this matter.

Citizens consuming information, misinformation, and disinformation from public media usually fail to take in critically the diverse and polarized perspectives delivered. Instead of viewing the opposing ideas as a juror takes in critically the views on an issue as presented by both prosecuting and defense attorneys, there may be a tendency to make decisions based on the viewpoint presented by only the prosecution or only the defense. The faultiness of believing a one-sided perspective only is risky and limited in terms of sound decision making.

We provide examples of US cultural and political issues but focus as much as possible to the current power and weakness of the epistemology of healthcare and medicine as delivered to us via mass media: US citizens should get additional Covid shots every few months to maintain health vs. US citizens getting additional Covid shots is a risk to their health; Prochoice (or pro-abortion) vs. Prolife (or anti-abortion); gender alteration surgery and puberty blockers for children vs. optional gender surgery for adults only; infanticide acceptable vs. infanticide prohibited; and, the open border with Mexico poses no problems to citizens and health vs. the open border creates crises through diseases, drugs (cocaine, heroin, fentanyl, meth, etc.), rape, violence, murders, etc.

Given the US context of controversy, we may have to wait to see what emerges from the contradictions and challenges in the cultural, political, and medical antinomies of the times. Whether the US survives or thrives, the multifarious internal disputes it now faces is for another study to address – or, with certainty, for factual history to determine the outcome.

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George Christodoulou

MD,MA, MA LD (H)

President of the 22 June Wotkshop

The person-centered health concept, physicians' ,moral values, and mental health

Introduction

Mental Health Promotion from a Person-Centered Perspective.

On an individual basis, mental health promotion is very much in line with the person-centered perspective. It is linked with concepts like resilience, salutogenesis, holism and positive health and actions like empowerment, self help and recovery. It can also be assisted by personal experiences communicated by prominent public figures like politicians, athletic idols and performers (for example videos of singer Stefanie Gernanotti - Lady Gaga with Prince Edward of the UK).

The person-centered approach in Medicine and Psychiatry is expressed in a comprehensive laconic way by Hippocrates when he professed that it is more important to know what person has a disease than know what disease a person has.

On a public level, on the other hand, health promotion is associated with measures that are not necessarily linked with the health sector, like socio-economic measures that may be subject to political will. Cost-benefit considerations are important and in view of the fact that "investment" in mental health has been shown to be economically beneficial it is important to communicate this to decision-makers.

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Participants

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PERSON-CENTERED MEDICINE
THE MEDICINE AND HEALTH PARADIGM CHANGE
IN MEDICAL SCIENCE AND MEDICAL EDUCATION

June 23,2023

PROGRAM

15,00-17,30	**Chair** **Giuseppe R.Brera**	**Milan School of Medicine** **Ambrosiana University**
15,00-15,30 **Key note lecture**	**The epigenetic nature-culture interactionist paradigm and its implication in medical education**	**Moshe Szyf** **Mc Gill University**

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15,30-15,40	**Question time**	
15,40-16,10 **Key Note Lecture**	**Person-Centered Medicine and Person-Centered Clinical Method teaching: the urgent need for the clinical method teaching change in medical schools**	**Giuseppe R.Brera** **Milan School of Medicine** **Ambrosiana University**
16,10-16,20	**Question time**	
16,20-16,50 **Key Note lecture**	**Medical Education in Psychiatry according to Person-Centered Medicine**	**Roy Kallivayalil** **World Association of Social Psychiatry** **AsiaPacific World Federation of Mental Health** **World Health Committee**
16,50-17,00	**Question time**	
17,10-17,20	**Break**	
Chair	**Claudio Violato**	**University of Minnesota Ambrosiana University**
17,20-17,50 **Key Note Lecture**	**The past, present and future of medical**	**Claudio Violato**

	education research	**University of Minnesota Ambrosiana University**
17,50-18,00	**Question time**	
18,00-19,00 **Chair** **Roy Kallivayalil**	**Workshop Panel** **Curricula in Medical Education of graduate and post-graduate courses and skills for admission to the MD degree**	**Giuseppe R.Brera, Claudio Violato, Moshe Szyf , Philippe Ney , Robert Cloninger, Vincenzo di Nicola,George Christodoulou and other speakers**
19,00-19,10	**Conclusion of the Conference**	**Giuseppe R.Brera**

Moshe Szyf

PhD

The epigenetic nature-culture interactionist paradigm and its implication in medical education

While the gene sequence contains the "operating system" of the genome epigenetic processes code the "Applications" that program and functionalize the DNA in time, context and space. The biochemical processes involved in epigenetic "programming: have been intensively studied in the last 5 decades and they include covalent modifications of the DNA sequence itself by DNA methylation and further oxidations of the methyl moiety, covalent modifications of histones and noncoding RNAs. Epigenetic programming regulates specification of tasks and functions of different organs during fetal development. However, data that emerged in the last decade provides evidence for "epigenetic programming" by experience, particularly social experience. We will review data from rodents and nonhuman primates showing that maternal care affects long term phenotypes which are potentially mediated by DNA methylation. The impact of early life experience is not limited to the brain and affects the immune system as well as other tissues suggesting that social experience has a "system wide" impact on the developing animal. Human data from the Quebec ice storm of 1998 provides further evidence for the impact of early life stress on DNA methylation and its mediating effects on metabolic, immune and behavioral phenotypes. How does social experience which is registered in the brain impact such a wide panel of tissues? We tested the hypothesis that the stress response receptor which is found in every tissue in our body the glucocorticoid receptor might be mediating the impact of stress on DNA methylation. We will discuss implications of these emerging data for a new understanding that health and disease as well as well being should be approached from a point of view that sees our DNA as reflecting life long interactions between multiple environments and our DNA, these interactions affect our systems as a whole and that our physical health, mental state are intertwined with overlapping larger social and physical environments.

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Giuseppe R.Brera

MD, MA, MA LD

Person-Centered Medicine and Person-Centered Clinical Method teaching: the urgent need for clinical method teaching change in medical schools

Giuseppe R.Brera

Person-Centred Medicine (PCM) and Person-Centred Clinical Method (PCCM)(Giuseppe R. Brera 1998) were born and developed from 90's to today, starting from procedural method of "Medical counselling"

(Giuseppe R. Brera 1991) . PCCM is taught from 1998 at the Milan School of Medicine of Università Ambrosiana. The epistemological essence of PCCM is that disease is *a life event* belonging to the existence mystery and *possibility to improve the person's quality* toward the realization of a real human identity, to which naturally every man and woman is called from adolescence toward the realization of a real-self answering the mysterious questions of truth-love-beauty naturally inscribed in the person's human nature and revealed in adolescence. The theoretical perspective is that disease is not a causal event obeying to an only biological S-R mechanistic linear epistemology but is the result of an indeterminable subjective unconscious conflict between a natural tendency to an ideal self (quest for truth-love-beauty), expression of the lack of awareness of a conflict ideal self/real self generating a pathogen life style and quality, leading also to self-destructive behaviours. The essence of a pathology is seen as a wrong interpretation of existence possibilities to be a better human person, coherently with the person-centered definition of health as " The best possibility for being the best human person", according to human nature natural quest for a meaning evidenced by Kairology. Healing is seen as a process of construction of possibility for health, where and when the patient as subject and not object, is working to realize his/her real identity of human being. PCCM introduced into the traditional method " Diacrisis", whose substance is "Empathy diagnosis" a first part of "Person diagnosis" built through a new interlocutory form including the traditional "Anamnesis". The doctor-patient relationship is an existential possibility for both, and quest for an alliance for researching the pathology meaning for the real-self realization and the human being real identity. It concerns also both the doctor and patient. At existential level doctor and patient are on the same boat. At the beginning of the clinical meeting, after having created an empathetic and warm relational environment, where the patient feels him/her self accepted , comprehended, helped and after the "diagnosis of empathy", the interlocutory time is aimed at creating awareness of the possibilities and quality of life by focusing the patient on his existential cognitive-affective resources.. The physician before listening problems focuses his attention on strength points and resources of the person, with a multidimensional approach giving light to life quality resources, and the parameters of the interpretation process of current affective , cognitive relational life experience possibilities, and in the personal history. The clinical history, to be asked, is seen as a life events' history. The interlocutory process includes possibilities and affective realities in family and outside, the work, and other resources of the life style, as friendships , leisure time, hobbies, cultural interests, personal skills. The existence of a spiritual live as conscious quest for a meaning, projects, ideals, must be investigated with the patient. The essence of PCCM is, at the beginning of the clinical encounter, to subtitute the question_ " What " with " Who" developing and teaching the ability to *control diagnosis anxiety, putting referred problems in brackets* (Clinical Epoké) (if there isn't a life threatening emergency), organizing the clinical material in an interaction and teleological way, *giving priority importance to protective factors (strength points-resources) balancing them with risk factors (menaces-problems) and to build possibilities for resilience. (enhancing person strength points and resources),* creating a person-centred diagnosis based on person's strength points, possible menaces , resources (SRPM model), postponing physical examination, traditional clinical symptoms analysis, constructing diagnostic hypothesis about problems taking in account protective/risk factors ratio dynamics and looking for an existential meaning in pathogenesis , assessing person-centred integrated clinical objectives and therapy prescription (Person-centered therapy), building a person's portrait with an SRPM style, and clinical re-assessment- *These are a teaching objectives that request clinical teachers able to apply PCCM and request the student's development of a real-self and analogical abilities for the empathic work together with the hypothetic deductive reasoning and an*

epistemological re-orientation toward the person and resilience actions and possibilities in the cultural and social context. PCCM change the PBL (Problem-Based Learning) in RBL (Resilience Based Learning). Conversely Traditional teaching clinical method is addressed to make physicians able only to construct diagnosis on biological problem through the traditional procedure: Structured anamnesis/ Physical examinations/ diagnostic assessment with an hypothetic deductive reasoning/ Therapy prescription. RThe current interpreation model is Disease Risk-Disease-Therapy, responsible of millions of death in the COVID-19 pandemic, and not Resilience/vulnerability ratio -Disease- Health Education-Prevention-Therapy. Disease existence is a good business! This dominant biology-centered wring paradigm is addressed to transform the patient in an object, asks only "What biological mechanism does not work" ? and " How may I diagnose it". Students learn that person is a badly functioning molecular aggregate that with right genetic, biochemical or technical tools can work better and healing is an action subject-object and not the induction of possibilities for health requesting a doctor-patient existential alliance. The current problem to date is to preparing persons to be real Medicine teachers and medical students, according to the Person-Centered Medicine revolution.

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Roy Kallivayalil

MD,MA, LD MA (H)

Medical Education in Psychiatry according to Person-Centered Medicine

Medical education is the foundation of medicine and medical treatments and needs to be given paramount importance. Person centered medical education is futuristic and progressive. It puts the person or the patient at the centre of our thinking. Attention is focused on the person and not the disease. Currently, there is too much emphasis on advanced medical technologies ignoring the patient and his life circumstances. In such situation a doctor – patient

relationship does not develop in a fruitful manner. This will jeopardize our efforts to help the patient to recover from his problems. Absence of a trusting and confiding relationship is anathema to medicine.

Psychiatry as a specialty has remained neglected for most of the modern medicine curriculum. This is especially so in Low and Middle Income (LAMI) countries. In India, before the new competency-based medical education (CBME) curriculum, an undergraduate student had only 14 days of exposure in their four and a half years course. Many of the negative attitudes on psychiatry among medical students still remain due to this underexposure. Hopefully things will change. A person cantered approach to care is beneficial and fulfilling for the patient as well as the treating physician. Hence implementing this in medical education is essential.

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Claudio Violato

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Pro-rector (H) of Ambrosiana University

THE PAST, PRESENT AND FUTURE OF MEDICAL EDUCATION RESEARCH

Background: Why should we conduct and publish medical education research? What are the epistemological and historical basis of this work?

Summary of work: A scoping review indicates that the main research and scholarship activities are (1) To improve teaching and learning in medicine, (2) To Identify of suitable candidates to become physicians, (3) To develop valid assessment of competencies, (4) To explicate and validate theories of cognition, and (5) To educational leaders
Summary of results: Past and current research themes and trends include (1) Applied Curriculum and Teaching Issues - PBL, integration of simulation, small group teaching, distributed vs block practice, 3DVT, cognitive load, etc., (2) Skills and attitudes relevant to the structure of the profession - core competencies, professionalism, empathy, inter-professionalism, self-directed learning, life-long learning, (3) Students' Characteristics - learning styles, motivation, race, ethnicity, diversity, key personal characteristics, (4) Testing and Assessment - validity, reliability, utility, OSCEs, CBT, setting pass/fail, direct observations, rating scales, checklists, MCQs, etc.

- Future research themes and trends include (1) Curriculum and teaching issues - basic science and clinical integration, active learning, ultra sound, 3DVT, CAL, artificial intelligence, (2) Students – non-cognitive factors, diversity, work-life balance, (3) Post-psychometric era – authenticity in assessment, (4) Time variable education vs time fixed – competency based education (CBE)
- Research Designs and Methods: Correlational research, Descriptive research, Experimental research, Qualitative – Interviews, focus groups, textual analysis, grounded theory, Mixed methods –qualitative & quantitative, Case studies – individuals, institutions, country
- Common research designs: Surveys, Psychometric studies, Interviews, can be structured or unstructured (MMIs), Quasi-experiment, Field experiment (natural experiment), Archival research – original archival records, Content analysis, Event sampling methods or diary study
- Systematic Reviews, Meta-analysis, Neuroimaging and other psychophysiological methods

- Practical (Action) Research: A process of inquiry conducted by and for those taking the action (course director, teacher, clerkship director, instructor, etc.). The primary reason is refine teaching, learning, assessment, organization, etc. Selecting a focus, Clarifying theories
- Identifying research questions, Collecting data, Analyzing data, Reporting results, and Taking informed action

Discussion and Conclusion: Past and current research and scholarship is nascent and there is a shortage of med ed researchers. Future research needs new methods and approaches to disrupt current system: Student competence fixed and learning time variable, Competency based assessment, Value added of schools, Integration of science and clinical experiences, License qualified health care teachers

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Chair

Roy Kallivayalil

Workshop

Curricula in Medical Education of graduate and post-graduate courses and skills for admission to the MD degree

Participants

Giuseppe R.Brera, Claudio Violato, Moshe Szyf , Philippe Ney , Robert Cloninger, Vincenzo di Nicola,George Christodoulou

and other speakers

LA CHARTE MONDIALE DE LA SANTÉ*

THE WORLD HEALTH CHARTER

Published on www.healthparadigmchange.it

with

The agreement declaration to change Medical Science and Medicine paradigm

Published on www.researchgate.net*

Info

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1. LA SANTÉ EST UN DROIT UNIVERSEL –

HEALTH IS AN UNIVERSAL RIGHT

La possibilité de recevoir des soins centrés sur la personne, de choisir et de constituer des facteurs protecteurs de la santé et de neutraliser les menaces et les facteurs de risque pour la meilleure qualité de la vie à tous les âges du développement où de l'involution humaine, dans toutes les conditions économiques et sanitaires, est un droit individuel et universel qu'il faut respecter dans toutes les nations. Les décisions de politique sanitaire des États doivent être fondées sur la vérité scientifique et la valeur irréductible de la personne, de la conception à la mort naturelle, et doivent empêcher la production, le commerce, la légalisation des toutes les drogues récréatives et stupéfiantes et le commerce des parties du corps humain et de sa génétique.

. The possibility to receive person-centered health care, choosing and constituting life and health-protective factors and neutralizing life menaces and risk factors for the best life quality at any age of the human development or involution, in any social and economic condition, at any disease time, is an individual and universal person right to be respected in any country. The health policies of governments must be based on scientific truth, and the fundamental value of the person since the conception to the natural death and must inhibit the production, trading, and legalization of all recreational substances, narcotics, and the trading of the human body and its genetic parts.

2. LES SOINS D'URGENCE, PRIMAIRES ET HOSPITALIERS SONT UN DROIT POUR TOUS

EMERGENCY, PRIMARY AND HOSPITAL HEALTH CARE ARE A RIGHT FOR ALL

Les gouvernements de toutes les nations du monde ont le devoir de garantir l'accès gratuit aux soins primaires et hospitaliers pour toute personne de tout âge, connaissant des difficultés économiques et sociales, et de garantir la liberté des professionnels de santé afin qu'ils puissent exercer leur mission et leur profession selon les principes éthiques du serment d'Hippocrate, en promouvant la paix et des changements en faveur de la santé dans les conditions de vie sociale et environnementale des populations, à travers la création de possibilités réelles pour la liberté individuelle, la nutrition, l'éducation et le travail. Les médecins et tous les professionnels de santé ont le devoir et

la responsabilité de prendre soin des malades et des personnes souffrantes incapables de payer leurs soins.

The governments of all the nations of the world must ensure possibilities for free health care in hospital and primary care available for all the persons at any age in social and economic difficulty and the health professionals' freedom for exercising their mission and profession, according to the ethical principles of the Hippocrates oath, promoting the peace and pro-health changes in the people social and environmental conditions through the creation of real possibilities for the individual freedom, nutrition, education, work. Physicians and all health care professionals have the duty and responsibility of taking care of sick and suffering people without the possibility of paying for health care.

3. LE PROGRÈS DE LA SCIENCE STIPULE QUE LA SANTÉ DEPEND DE LA LIBERTÉ HUMAINE

THE PROGRESS OF SCIENCE STATES THAT HEALTH IS THE RESULT OF THE PERSON'S FREEDOM

Le progrès de la science stipule que la santé dépend de la liberté de la personne à choisir une qualité de vie saine, parmi les possibilités réelles existant dans son environnement social et physique ; elle dépend aussi de son éducation à interpréter, finaliser et retenir les informations qui sont transformées en signaux épigénétiques pour des changements allostatiques, déterminant ainsi l'évolution humaine du fait de leur transmission génétique aux générations suivantes. Naturellement, la personne donne consciemment ou inconsciemment une signification aux affections, émotions, connaissances, et comportements, conduisant vers l'interaction des variables appartenant à la fois à la spiritualité, à l'esprit, et à l'organisme biologique que la clinique, la science médicale, la biologie, la psychologie, la philosophie prennent

comme objet de recherche empirique et/ou spéculative dont la qualité est essentielle pour le progrès du genre humain et pour une culture mondiale de paix et de liberté

The progress of science states that health is the result of the person's freedom to choose between real possibilities for a healthy quality of life, the availability of these in the social and physical environment, the education to the ability to interpret, finalize and memorize information that is transformed in epigenetic signals for allostatic changes, genetically transmitted to the next generations in such a way determining the human evolution. The person naturally gives an unconscious and conscious meaning to affections emotions, knowledge, and behaviors and pilots toward a purpose the interaction of variables at the same time belonging to spirituality, mind, biological organization. Clinics, medical science, biology, psychology, philosophy consider the interaction between subjectivity, biology and environment the principal objective of empirical and/or speculative investigation, whose quality is essential for mankind life and the development of a culture addressed to the people freedom and peace.

4. POUR UNE NOUVELLE DEFINITION DE SANTÉ FOR A NEW DEFINITION OF HEALTH

Au vu du progrès scientifique, médical et psychobiologique, la santé se conçoit comme « Le choix des meilleures possibilités pour être la meilleure personne humaine ». La santé se révèle comme une maïeutique de la nature humaine et de l'existence, une culture – génératrice d'anthropologie, créée par la culture, comme une énergie pour la personne et de la survie et de l'évolution de l'être humain, confiée aux plus hautes responsabilités et aux dimensions de la personne et des nations, et constituant un espace-temps où les individus, les cultures, les Etats et les nations sont liés dans une destinée commune.

In the light of the medical and psycho-biological scientific progress, health is conceivable as "The choice of the best possibilities for the best being a human person." Health reveals itself to be a human nature maieutics, and at the same time of the existence, culture-making anthropology, created by the culture, energy for the person and humanity survival and evolution, that is given to the highest responsibilities and the dimensions of the person and the nations, constituting a space-time where and when individuals, cultures, states, and nations are linked in a bi-directional way.

5. LA SIGNIFICATION DE LA MALADIE POUR LA PERSONNE MALADE ET LES PROFESSIONNELS DE LA SANTÉ

THE DISEASE MEANING FOR THE SICK PERSON AND HEALTH CARE PROFESSIONALS

Toutes les maladies et tous les handicaps sont des processus dynamiques impliquant toutes les dimensions de l'existence de la personne dans l'environnement culturel et social, de sa conception à sa mort naturelle et sont caractérisés par la souffrance individuelle, la vulnérabilité sociale et la fragilité allant jusqu'à l'exclusion. Les professionnels de santé devraient être formés à plus d'humanisme avec une conduite

morale et une culture humaniste cohérente avec la noble signification de leur profession parce qu'ils partagent avec leurs patients les mêmes quêtes et épreuves de l'existence et ne doivent pas être des techniciens apathiques, auteurs (ou instruments) de vie et de mort, chercheurs partiels de connaissance d'objets séparés de la réalité humaine.

All diseases and handicaps are dynamic processes involving the whole person's existential dimensions in their cultural and social context, during all the ages of life, from conception to natural death, and are characterized by individual suffering, social vulnerability, and fragility until the exclusion. Health professionals should be educated to be human persons, with moral behavior and humanistic culture, coherent with the noble meaning of their work, because they share with their patients the same existence quests and events, and not to be apathetic technicians, tools of life or death or investigators fragmented in knowledge objects removed from the human reality.

6. L'ORGANISATION DES SOINS DOIT ÊTRE FONDÉE SUR LE RESPECT DES DROITS DE L'HOMME A LES ETAPES DU DÉVELOPPEMENT HUMAIN ET DANS TOUTES LES PÉRIODES DE LA MALADIE.

THE HEALTH CARE ORGANIZATION MUST BE FOUNDED ON THE RESPECT OF THE HUMAN RIGHTS IN ALL AGES OF THE HUMAN DEVELOPMENT AND AT ANY TIME OF ILLNESS

La politique de santé publique et les soins la santé publique doivent être fondés sur la liberté individuelle, conformément à la Déclaration des Droits de l'Homme des Nations Unies et à la Déclaration Universelle des Droits et Devoirs de la Jeunesse, et doivent être réalisés à travers l'accès gratuit et total pour tous, aux soins d'urgences, aux soins primaires et aux soins hospitaliers avec une disponibilité de médicaments et des plus modernes outils biotechniques pour le diagnostic et la thérapie, financés par le système du travail public et privé des États, sans but lucratif. L'économie des États, les affaires financières, les pouvoirs idéologiques et politiques, le marché commercial de

médicaments ou des outils techniques ne doivent pas jouer sur le respect de la vie humaine quel que soit l'âge ou le développement de la maladie ni sur l'application des soins selon les principes éthiques d'Hippocrate.

Public health organizations and public health care must be founded on individual freedom according to the human rights expressed by the UN Declaration of Human Rights and the Universal Declaration of Youth Rights and Duties. They must be realized by creating free general availability for all emergency, primary, and hospital care with the availability of medicines and the most modern bio-technical tools for diagnosis and therapy, financed by the State public and/or private work system, without profit finalities. The state economy, financial affairs, ideological and political powers, and the commercial market of medicines or technical tools must not influence the human life respect at every stage of development or disease, scientific investigation and the application of Hippocratic ethical values in the people care

7. LA RESPONSABILITÉ INDIVIDUELLE DE LA PERSONNE POUR LA SANTÉ

THE INDIVIDUAL PERSON'S RESPONSIBILITY FOR HEALTH

Toutes les personnes ont la responsabilité de choisir et de mener une qualité de vie capable de constituer des facteurs protecteurs pour la vie et la santé, et de neutraliser les menaces et les facteurs de risque dans leur vie individuelle ainsi que dans toutes les relations interpersonnelles en famille, au travail, dans les institutions et organisations. Ils ont le devoir de prévenir et d'arrêter les comportements qui pourraient constituer une violation et une menace du droit individuel à la liberté –non une volonté arbitraire– s'il ne représente pas un risque pour eux-mêmes ou pour la vie et la santé d'autres

personnes à toutes les étapes de croissance, en donnant un exemple aux enfants et aux jeunes ainsi qu'à leur environnement relationnel.

All the persons have the responsibility to choose and run a life quality able to constitute protective factors for life and health, neutralizing menaces and risk factors in his individual life and interpersonal relationships in a family, work, institutions, organizations. They have to prevent and stop behaviors that could constitute a violation and a menace for the individual right to freedom - not an arbitrary will- if they represent a risk for themselves and the other persons' health and life at any stage of development, giving an example to children and young people and their relational environment.

8. L'ÉTUDE ET L'ENSEIGNEMENT DE LA MÉDECINE SONT UNE MISSION CENTRÉE SUR LA PERSONNE

LEARNING MEDICINE AND MEDICAL EDUCATION ARE A PERSON-CENTERED MISSION

Les Universités, les écoles normales et les facultés de médecine, doivent admettre et instruire les étudiants et les professionnels de santé à concevoir la médecine et les soins comme une mission existentielle et doivent promouvoir leur maturité affective, spirituelle ainsi que leur santé mentale selon les principes éthiques du serment

d'Hippocrate ; ils doivent promouvoir aussi l'apprentissage de l'épistémologie interactionniste et téléologique de la médecine centrée sur la personne et sa méthode clinicienne, en respectant dans leur pratique publique et privée, la vie de la personne à tous les niveaux de son développement et de l'évolution de sa maladie et, en cas d'absence apparente de vigilance, en assurant les supports essentiels pour la vie.

Universities, colleges, faculties and/or the schools of medicine, must admit and educate students and health professional to conceive Medicine and health care like an existential mission, and promote their personal affective-spiritual maturity and mental health, according to the Hippocrates' Oath objective ethical principles and to learn a person-centered interactionist and teleological epistemology, respecting in their practice the person's life at any stage of his life from conception to natural death and the patient's life at any stage of the disease evolution and in the apparent absence of vigilance, assuring essential supports for life.

9. LA MÉTHODE ET LA RECHERCHE CLINIQUE ET ÉPIDÉMIOLOGIQUE DOIVENT INTRODUIRE DES VARIABLES CULTURELLES, SUBJECTIVES, INTERPERSONNELLES, SOCIALES, D'ADAPTATION ET LA RÉSILIENCE

THE CLINICAL METHOD AND THE CLINICAL AND EPIDEMIOGIC INVESTIGATION MUST INTRODUCE CULTURAL, SUBJECTIVE, INTERPERSONAL, SOCIAL AND ADAPTATION VARIABLES AND RESILIENCE

La méthode et la recherche clinique et épidémiologique doivent introduire des variables étudiant la subjectivité de la personne, visant à identifier son sens d'appartenance au milieu culturel et la culture , la qualité de ses relations avec l'environnement interpersonnel proche, dans la famille, l'école, le travail, la vie affective ; les choix

existentiels et les opinions motivant le comportement, la condition socio-économique, la possibilité et les moyens de faire face aux stresses, le style de vie relativement à l'âge de la vie en calculant la résilience avant la vulnérabilité au risque, en analysant les points de force et les ressources personnelles et sociales , les menaces et risques, et au commencement du travail clinique, en structurant une relation empathique qui puisse rendre la personne sujet et non objet de clinique ou de recherche.

The clinical method, clinical and epidemiological investigation must investigate the intervening variables addressed to identify the person's subjectivity, his/her relationship with the cultural, the next interpersonal, social, and physical environment, work, the affective life, the existential choices, and the beliefs motivating the behavior, economic condition, and the coping possibilities and quality to stressful situations and the lifestyle in all the contexts. The objective must be to give evidence and computing the resilience before the vulnerability to risk, analyzing the personal and social strength points, resources, menaces, risks at the beginning of the clinical work, structuring an empathic work that could make the person subject and not an object of clinical method or investigation.

10. LA CONTRIBUTION DÉTERMINANTE DES NATIONS UNIES ET DES CHEFS D'ÉTAT POUR LA SANTÉ MONDIALE

THE DETERMINING CONTRIBUTION OF THE UNITED NATIONS AND HEADS OF STATE FOR THE WORLD HEALTH

Les Nations Unies et tous les Chefs d'État ont le devoir et la responsabilité de promouvoir le respect de la Charte Mondiale de la Santé par les gouvernements en contrôlant qu'elle soit diffusée dans les Universités et les Facultés de Médecine, les institutions sanitaires, toutes les écoles et en la mettant en pratique dans leur politique par l'adoption de mesures efficaces à cet effet.

The United Nations and all the Heads of State have the duty and the responsibility to promote the respect of the World Health Chart from the governments and to control that the States spread it in Universities, School of Medicine, Health Institutions, all schools and realize it in their policy adopting effective measures to this aim.

SIGNATURE OUVERTE/ OPEN SIGNATURE

Les savants et les médecins ici signataires sont conscients de la nécessité de sauver des millions de personnes et de prévenir leur mort par un changement mondial nécessaire en politique sanitaire, par l'application concrète d'une nouvelle conception et une définition de la santé, fondées sur les droits universels de l'homme comme est déclaré par la Charte Universelle des Droits de l'homme des Nations Unies, pas lettre morte. Dans cet objectif, ils voient la nécessité d'un accord international et des actions politiques dans tous les États, fondés sur la Charte Mondiale de la Santé (CMS) et demandent aux Nations Unies d'adopter la CMS en promouvant une convention internationale et aux Chefs d'État particulièrement de l' instituer dans leur pays, à travers les gouvernements, avec les nécessaires changements dans la législation et de la diffuser dans les Universités, les Écoles, les Facultés de Médecine et les institutions sanitaires.

The following scientists and physicians are aware of the necessity to save from death millions of people and to prevent it with a necessary world change in the health care and prevention policy, applying a new health conception and definition based on the universal human rights as declared by the Universal Human Rights Charter of the United Nations, not empty words. To this aim, they look at the necessity of an international agreement and political acts in all the states, based on the World Health Charter (WHC), and ask the United Nations and all the Heads of State to adopt the WHC in their countries through the governments, with legislative changes spreading the WHC in Universities, Schools, Medicine Faculties and Health Institutions

La signature doit être envoyée à worldhealthcharter@healthparadigmchange.it

Signature must be sent to worldhealthcharter@healthparadigmchange.it

La signature signifie entrer dans le Comité International de la Charte Mondiale de la Santé et sera unie au texte

AGREEMENT DECLARATION TO CHANGE THE MEDICAL SCIENCE AND MEDICINE PARADIGM

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omité International de la Charte Mondiale de la Santé et sera unie au texte

ACKNOWLEDGING THE EPISTEMOLOGICAL AND SCIENTIFIC VALIDITY OF THE SCIENTIFIC INTRODUCTION TO THE CONGRESS:" MEDICAL SCIENCE AND HEALTH PARADIGM CHANGE", WHOSE PRINCIPLES ARE INTRODUCED IN " LA CHARTE MONDIALE DE LA SANTÉ-THE WORLD HEALTH CHARTER", FOR THE UNIVERSAL RIGHT OF HEALTH AND LIFE IN ANY STAGE OF DEVELOPMENT AND DISEASE, I AGREE THAT THE DOMINANT DETERMINISTIC, MECHANISTIC PARADIGM OF MEDICAL AND HEALTH SCIENCES HAVE BEEN OVERCOME BY THE PERSON-CENTERED INDETERMINIST ONE, FOUNDED ON THE CONCEPTS OF "INTERACTIONISM " AND "TELEOLOGY" OF HUMAN NATURE, LEADING TO THE NEW CONCEPT OF HEALTH:

"THE BEST POSSIBILITIES FOR BEING THE BEST HUMAN PERSON"

AND IN RESEARCH, CLINICAL PRACTICE, MEDICAL EDUCATION TO THE PERSON-CENTERED MEDICINE PARADIGM, FOUNDED ON EPIGENETICS, ALLOSTASIS, NEUROBIOLOGY, PSYCHO-NEURO-ENDOCRINE, IMMUNOLOGY, QUANTUM MEDICINE, AFFECT SCIENCE, HUMAN SCIENCES, EXPLAINING THE HUMANITY EVOLUTION OR REGRESSION TO SELF DESTRUCTION.

WE APPEAL TO SCHOOL OF MEDICINE, MEDICAL COLLEGES, AND FACULTIES, TO THE INTERNATIONAL MEDICAL AND RESEARCH SOCIETIES TO ADOPT PERSON-CENTERED MEDICINE AS A TEACHING AND LEARNING PARADIGM AND TO REFORM ADMISSION TESTS, CURRICULA ,CLINICAL SKILL ASSESSMENTS, TEACHING METHODS, AND TO PREPARE UNIVERSITY TEACHERS TO THE

PERSON-CENTERED MEDICINE PARADIGM, CENTERING THESE ON THE PERSON'S RESOURCES, SKILLS, AND QUALITY.

WE APPEAL TO INVESTIGATORS TO ALWAYS ADOPT AS INTERVENING VARIABLES OF BIOLOGICAL ONES ALSO THE QUALITY OF SUBJECTIVE, HUMAN, CULTURAL AND ENVIRONMENTAL RESOURCES AND PROBLEMS, INCLUDING SPIRITUAL AND RELIGIOUS LIFE, PERSONAL VALUES AND BELIEFS, LOGICAL AND AFFECTIVE MATURITY LEVEL , INTERPERSONAL RELATIONSHIP QUALITY, EMOTIONS, AFFECTS, SOCIOECONOMIC STATUS, COPING POSSIBILITIES AND QUALITY TO ENVIRONMENTAL INPUTS, ALLOSTATIC ENVIRONMENTAL POSSIBILITIES TO ADAPTATION CHANGES TOWARD A RESPONSIBLE HEALTH, TO BE STUDIED WITH A PROBABILISTIC CLINICAL ,EPIDEMIOLOGICAL, STATISTICAL

APPROACH.

WE APPEAL TO INVESTIGATORS, CLINICIANS AND EDITORS FOR IMPEDING THAT IN RESEARCH PROJECTS AND PUBLICATIONS , CLINICAL PRACTICE, HEALTH PROMOTION , PREVENTION, MEDICAL EDUCATION COULD BE MADE WITH A MECHANISTIC

EPISTEMOLOGICAL BIAS AGAINST THE INDETERMINABLE NATURE OF THE HUMAN BEING AND THE DETERMINABLE NATURE LAWS, INTRODUCING, BETWEEN THE LIMITS OF NATURAL

CONSTANTS, A MORE OR LESS PROBABLE CO-FACTORIAL, MULTIDIMENSIONAL INTERACTIONS OF VARIABLES BELONGING TO SUBJECTIVITY, BIOLOGY, ENVIRONMENTAL ADAPTATION POSSIBILITIES AND THEIR PERSONAL QUALITY PILOTED BY THE PERSON.

WE APPEAL TO INVESTIGATORS AND CLINICIANS

THAT IN RESEARCH AND DIAGNOSTIC REASONING, A LINEAR CAUSALITY STRUCTURE COULD BE OVERCOME TOWARD A MULTIFACTORIAL, MULTIDIMENSIONAL AND INTERACTIONIST ONE, WITH EXCEPTION OF CLINICAL STATES OF BIOLOGICAL LIFE EMERGENCY, INFECTIOUS DISEASES, IMMUNITARY THERAPY , VACCINATION, HORMONE REPLACEMENTS, EMERGENCY PSYCHIATRY SEDATION, WHICH REQUEST A NECESSARY AND PRIMARY INTERVENTION ON

NATURAL LAWS AND RANGES OF BIOLOGICAL VARIABLES., BUT NOT EXCLUDING A PERSON CENTERED INTERACTIONIST APPROACH.

WE CALL THE WORLD HEALTH ORGANIZATION TO ADOPT THE NEW DEFINITION OF HEALTH FOR THE DEVELOPMENT OF A NEW WORLD WHERE ALL THE PERSONS COULD RECEIVE ALL POSSIBILITIES TO BE EDUCATED TO LOVE AND CHOOSE THE QUALITY OF THEIR LIFE ENJOYING THE POSSIBILITIES FOR HEALTH, MEDICAL CARE AND LIFE, WITH THE PERSONAL AND NATIONS GOVERNMENT RESPONSIBILITIES TO CREATE THE BEST POSSIBILITIES FOR CHOICES TO BE A BETTER HUMAN PERSON REALIZING THE ONLY HUMAN TRANSCENDENT DIGNITY AND MEANING

DECLARATION SIGNED BY… ……

INSTITUTION(S) (IF PRESENT) ……. ……

TO BE SENT to secretariat@healthparadigmchange.it

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